MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

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SERIAL NO.	FILING DATE
101	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1,	+		#		•
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TOTAL CLAIMS	15					
				- CONTRACTOR		CONTRACTOR AND ADDRESS.

PTO - 1360 (REV. 11/04)

	AS FILED		AFTER		AFTER 1 MAMENDMENT	
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TOTAL CLAIMS						

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